

1/15

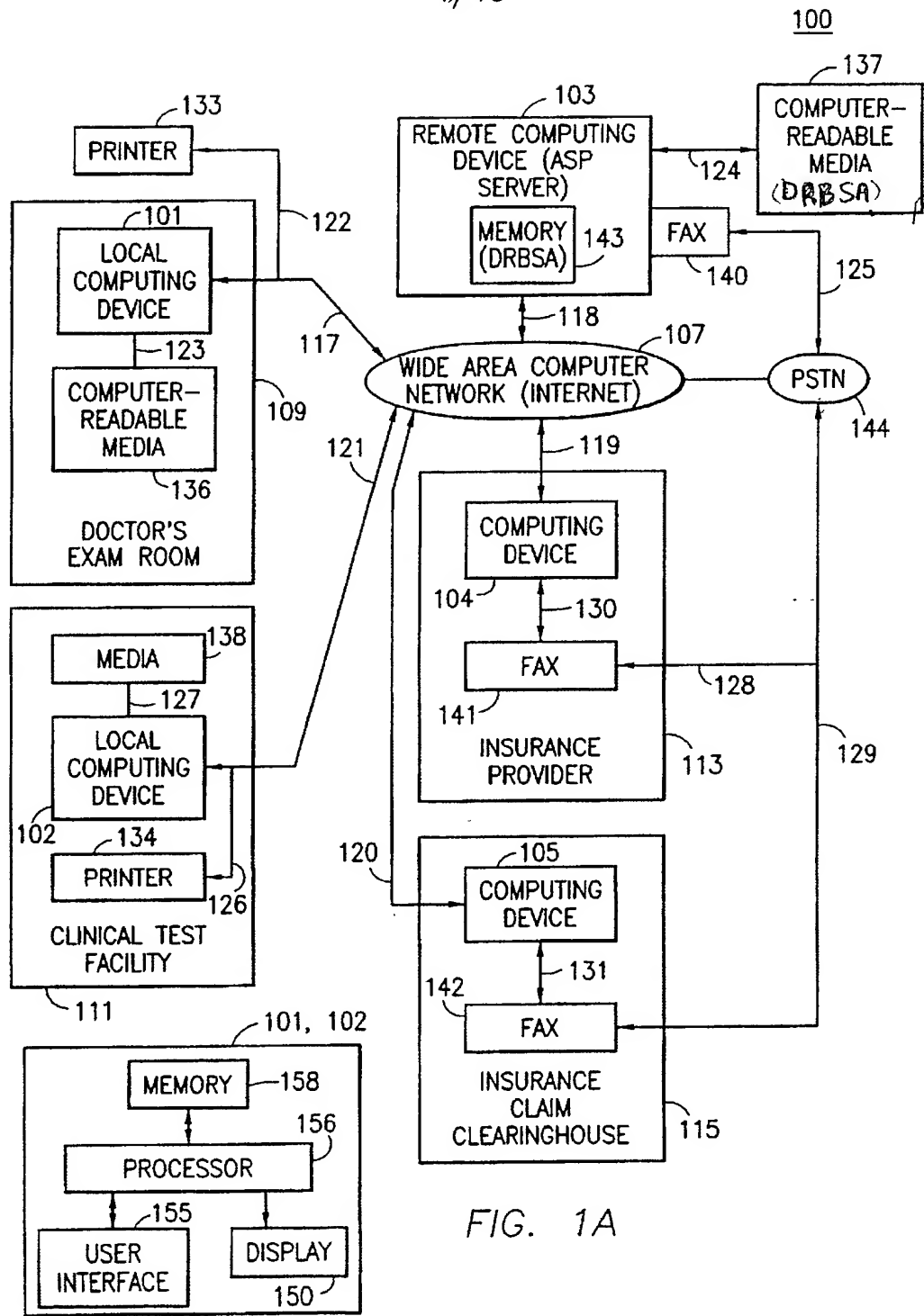


FIG. 1B

2/15/15

X

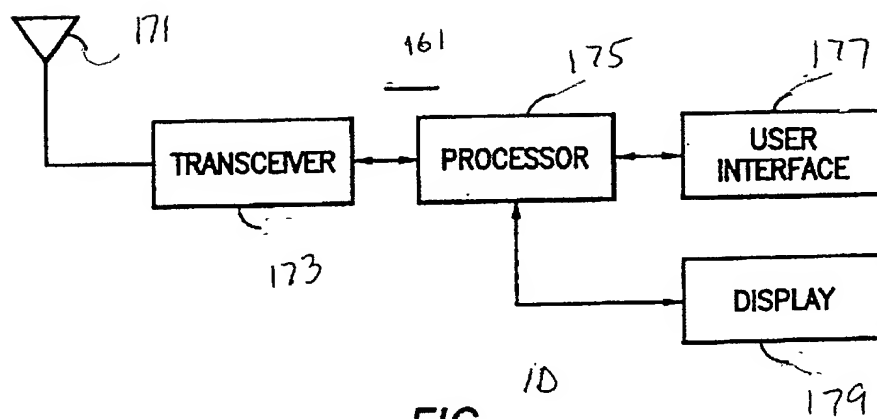
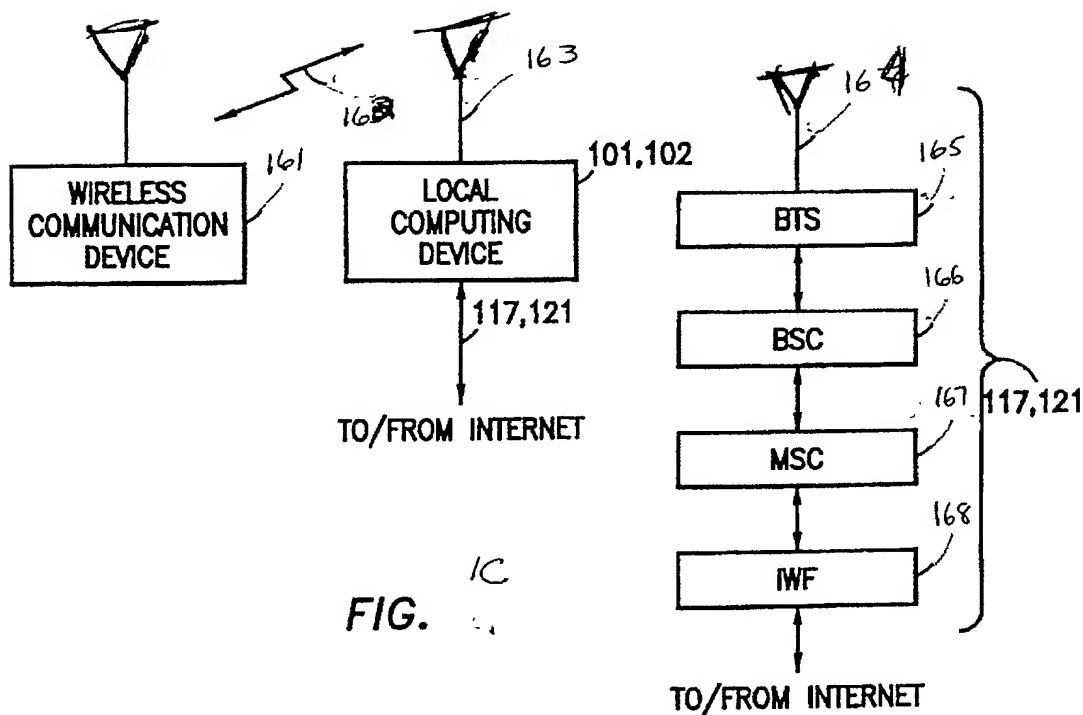


FIG. 2A

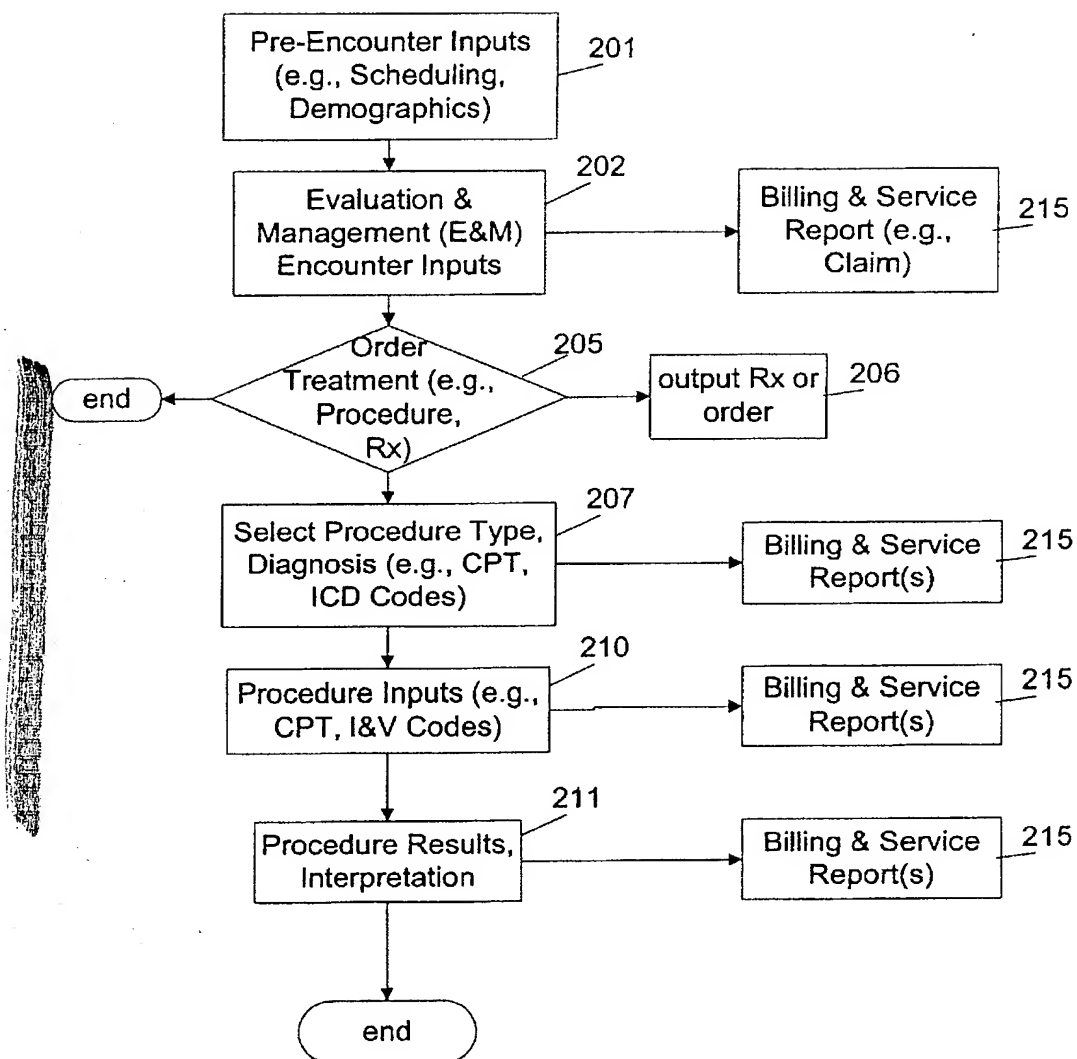


FIG. 2B

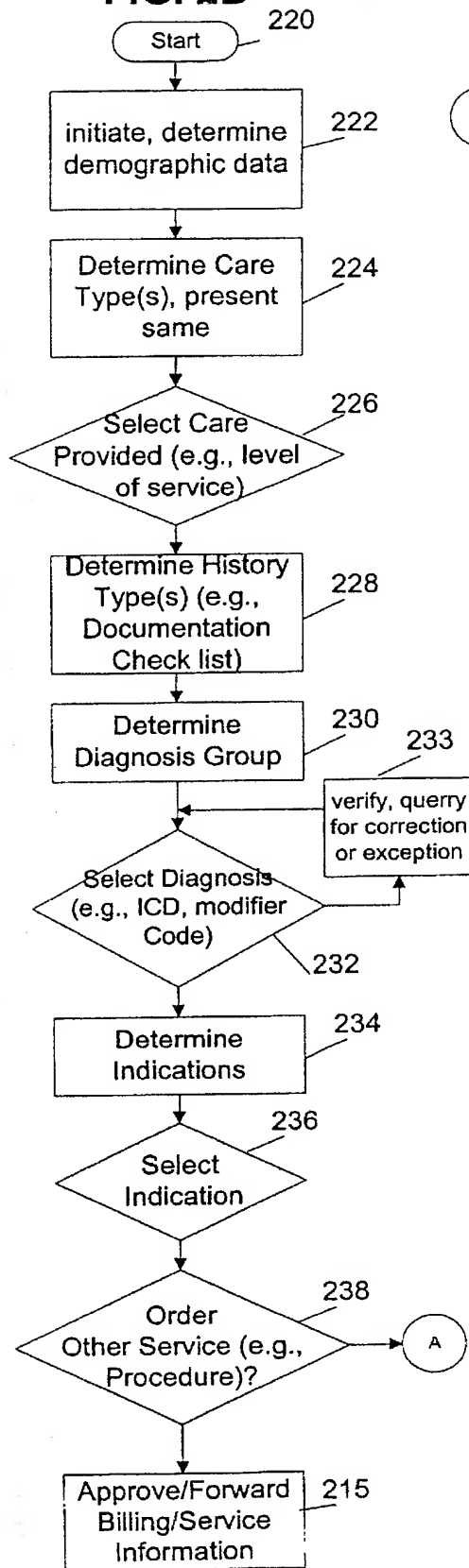


FIG. 2C

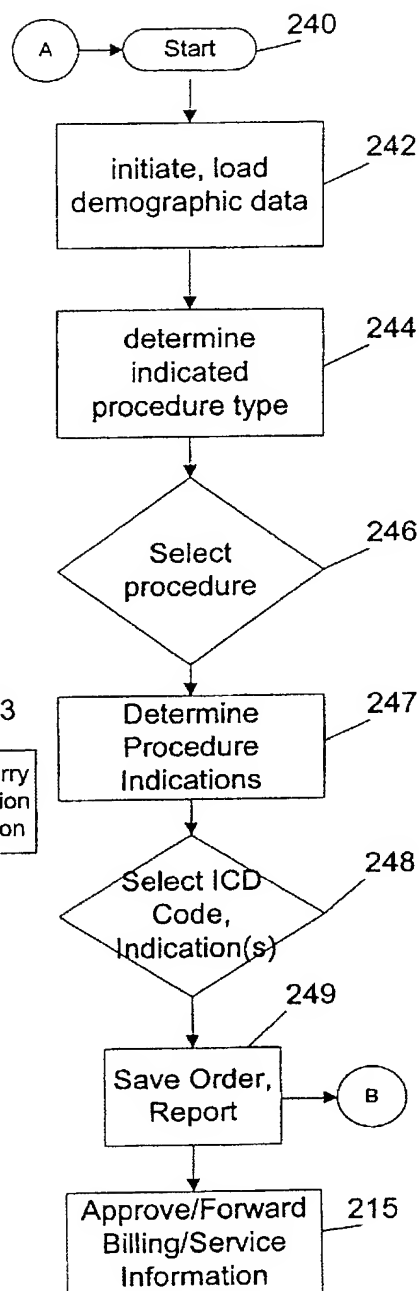
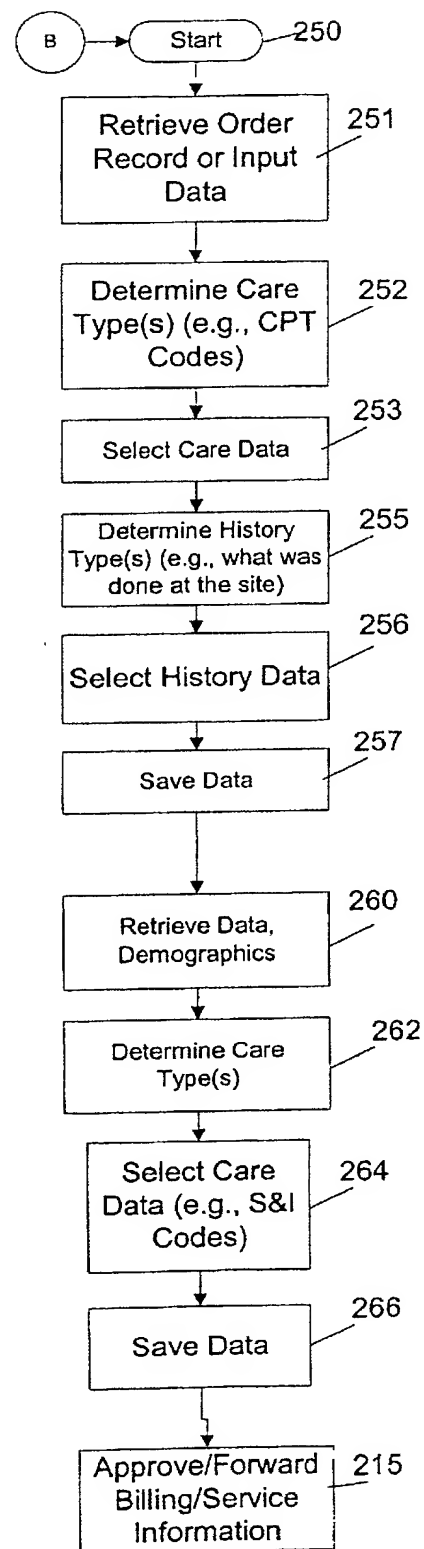


FIG. 2D



Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Current values:

User

Patient

Encounter

Procedure

Members >> Main Menu

Select one of the following:

➔ Patient Menu

➔ Evaluation & Management (E/M) Menu — 302

➔ Procedure Menu — 303 *Recs*

➔ Provider Menu

➔ Carrier Menu

➔ Claims Menu

➔ Reports Menu

➔ User Account Menu

?)

301

FIG 3A

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Log On/Logout

Current values:

User

Patient

Encounter

Procedure

Members >> E&M >> Menu

Select one of the following:

➔ Create New Encounter
 ➔ Find Existing Encounter(s)
 ➔ Back to Main Menu

Cancel

OK/Print

FIG. 3B

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	
<div> <div> <div>Log in/Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> Members >> E&M >> Find Choose search type from the list, then select or type the search value ? </div> </div>	
<div> <div> <input type="radio"/> Show all currently scheduled encounters </div> <div> <input type="radio"/> Location of encounter: GEM Cardiac & Vascular </div> <div> <input type="radio"/> Patient name: Edison, Thomas Alva </div> <div> <input type="radio"/> Attending physician name: Myers, Gene E, M.D. </div> <div> <input type="radio"/> Referring physician name: --search value-- </div> <div> <input type="radio"/> Date of Encounter (MM/DD/YYYY): <div> From: </div> <div> To: </div> </div> </div>	
<div> <div>Cancel</div> <div><< Prev</div> <div>Next >></div> </div>	

FIG. 3C

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																																																
<div> <div> Current values: <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> Members >> E&M >> List Encounters Select an encounter to view/edit details </div> </div>																																																																																									
<table border="1"> <thead> <tr> <th>Patient</th> <th>Date</th> <th>Physician</th> <th>Referred by</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Balboa, Rocky</td> <td>Jan 17 2001 10:02PM</td> <td>Angelaastro</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Bonaparte, Napoleon</td> <td>Apr 27 2001 8:33PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diller, Trent</td> <td>Jan 18 2001 11:58PM</td> <td>Ackerman</td> <td>Myers</td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diller, Trent</td> <td>May 16 2001 5:01PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diller, Trent</td> <td>May 18 2001 12:11PM</td> <td>Anderson</td> <td></td> <td>Sarasota Memorial Hospital</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dunn, Warrick S</td> <td>Jun 7 2001 3:00PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dunn, Warrick S</td> <td>Jun 25 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dunn, Warrick S</td> <td>Jun 26 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dunn, Warrick S</td> <td>Jun 26 2001 3:48PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Edison, Thomas Alva</td> <td>Apr 18 2001 2:50PM</td> <td>Andri</td> <td></td> <td>Sarasota Memorial Hospital</td> </tr> <tr> <td><input checked="" type="checkbox"/> Edison, Thomas Alva</td> <td>Jun 27 2001 12:25AM</td> <td>Adams</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lewis, Ray</td> <td>Apr 18 2001 4:17PM</td> <td>Badli</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Monster, Elmo R</td> <td>Jan 24 2001 2:47PM</td> <td>Adams</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> O'Brien, Conan X</td> <td>Apr 18 2001 3:08PM</td> <td>Andri</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> <tr> <td><input checked="" type="checkbox"/> Oppenheimer, Robert</td> <td>May 21 2001 7:13PM</td> <td>Myers</td> <td></td> <td>GEM Cardiac & Vascular</td> </tr> </tbody> </table>										Patient	Date	Physician	Referred by	Location	<input checked="" type="checkbox"/> Balboa, Rocky	Jan 17 2001 10:02PM	Angelaastro		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Bonaparte, Napoleon	Apr 27 2001 8:33PM	Myers		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Diller, Trent	Jan 18 2001 11:58PM	Ackerman	Myers	GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Diller, Trent	May 16 2001 5:01PM	Myers		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Diller, Trent	May 18 2001 12:11PM	Anderson		Sarasota Memorial Hospital	<input checked="" type="checkbox"/> Dunn, Warrick S	Jun 7 2001 3:00PM	Myers		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Dunn, Warrick S	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Dunn, Warrick S	Jun 26 2001 3:48PM	Andri		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Dunn, Warrick S	Jun 26 2001 3:48PM	Andri		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Edison, Thomas Alva	Apr 18 2001 2:50PM	Andri		Sarasota Memorial Hospital	<input checked="" type="checkbox"/> Edison, Thomas Alva	Jun 27 2001 12:25AM	Adams		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Lewis, Ray	Apr 18 2001 4:17PM	Badli		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Monster, Elmo R	Jan 24 2001 2:47PM	Adams		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> O'Brien, Conan X	Apr 18 2001 3:08PM	Andri		GEM Cardiac & Vascular	<input checked="" type="checkbox"/> Oppenheimer, Robert	May 21 2001 7:13PM	Myers		GEM Cardiac & Vascular
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<div> <div>Cancel</div> <div>Save</div> </div>																																																																																									

FIG. 3D

Main User Patient E/M Procedure Provider Carrier Claims Reports Help				
Members >> E&M >> Demographics				
Items marked in red are required				
Current values: User Patient Encounter Procedure	Select E/M Code(s) Documentation Reset Form			
Dilfer, Trent				
Date and Time of Service:				
Month	Day	Year	Time	
	(dd)	(yyy)	(hh:mm)	
Jan	18	2001	11:59	<input type="radio"/> AM <input type="radio"/> PM
Chief complaint / Reason:				
hangnail				
Location of service:				
GEM Cardiac & Vascular Add				
Rendering physician name:				
Ackerman, Howard R, M.D. Add				
Referring physician name:				
Myers, Gene E, M.D. Add				
Cancel << Prev Next >>				

FIG. 3E

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
<div> <div> Log in/Logout </div> <div> Current values: <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> </div>									
<div> <div>Members >> E&M >> Office E/M</div> <div>Select the type and level of E/M service</div> <div> <div>Encounter date</div> <div>Documentation</div> <div>Base code</div> </div> </div>									
<div> <div>Least Complex</div> <div>Most Complex</div> </div>									
<div> <div>New Evaluation</div> <div> <div>NE</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> </div>									
<div> <div>Return Office Visit</div> <div> <div>ROV</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> </div>									
<div> <div>Prolonged Office Visit</div> <div> <div>If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&M service.</div> <div> <div>POV</div> <div>Total time in minutes: 10-30</div> </div> </div> </div>									
<div> <div>Office Consult</div> <div> <div>OC</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> </div>									
<div> <div>Confirmatory (2nd Opinion) Consult</div> <div> <div> <input type="checkbox"/> Check here if consult required by third-party payor </div> <div> <div>CC</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> </div> </div>									
<div> <div>Cancel</div> <div>Prev</div> </div>									

FIG. 3F

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

E/M Level

Current values:

User

Patient

Encounter

Procedure

Members >> E&M >> E/M Checklist

The E/M level you have chosen requires documentation which meets or exceeds the criteria specified below ?

Encounter data
Select E/M Levels
Reset Form

Subjective
Documentation of History
?

CC - Chief Complaint: hangnail

HPI - History of Present Illness

# of Elements Required	Element	Presenting Problem Type
4-8 elements	<input type="checkbox"/> Location <input type="checkbox"/> Quality <input type="checkbox"/> Severity <input type="checkbox"/> Duration <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<ul style="list-style-type: none"> • Chronic w/ mild exacerbation, progression, or side effects of Rx OR • 2 or more stable chronic illness • Undiagnosed problem w/ uncertain prognosis • Acute w/ Systemic Sx • Acute complicated injury

ROS - Review of Systems

# of Systems Required	System
2-8 systems	<input type="checkbox"/> Constitutional <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, Nose, Mouth, Throat <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Hematologic/Lymphatic <input type="checkbox"/> Endocrine <input type="checkbox"/> Allergic/Immunologic <input type="checkbox"/> Psychiatric <input type="checkbox"/> All Others Negative

PFSH - Past/Family/Social History

# of Elements Required	Element
any 1	<input type="checkbox"/> Past History
	<input type="checkbox"/> Family History
	<input type="checkbox"/> Social History

Objective

Physical Exam



Select the type of examination first. A new window will open displaying the checklist for the selected exam type. When you have finished the checklist, you will be returned to this window to complete the documentation requirements step.

● Multi-system Exam

Single Organ System (complete):

- Cardiovascular
- Eyes
- GU (female)
- GU (male)
- Heme/Lymph
- MS
- Neuro
- Psych
- Resp
- Skin

Show exam checklist

Assesment

Assessment



FIG 3H

Add diagnosis code(s) using the button provided. You may also add notes in this field.

Add diagnosis code(s)

323
Plan

Medical Decision Making

?

325
The highest level of risk in any one category determines the overall complexity of the Medical Decision Making component. The risk associated with the selected level of E/M service must meet or exceed that of at least one of the following three sets of examples:

Data Review / D Dx

- Limited medical records review regarding self limited chronic problem was performed.

Severity / Urgency / Potential Complications

- The patient has been counseled regarding the low probability of complications and the need to follow instructions on an elective basis.

Management Options

Rx Plan

- Over-the-counter drugs/minimal risk drugs
- P.T. (rest, exercise, stress management)
- O.T.
- IV fluids w/o additives
- Minor surgery with no identified risk factors
- Referrals: can not require detailed discussion/detailed care plan

Dx Procedures

- Non-invasive diagnostic test
 - Peripheral Ultrasound
 - Carotid duplex
 - U.E. Duplex
 - L.E. Duplex
 - Abdo - AO Duplex
 - Renal artery duplex
 - Venous duplex
 - Echocardiography
 - TTE - noncongenital
 - TTE - congenital
 - TEE - noncongenital
 - TEE - congenital
 - EKG
 - CXR
- Physiological test not under stress
 - L.E. pressures
 - U.E. segmental pressures
 - ABI
 - VRP

Fig 3I

- o Holter monitor
- o Loop monitor
- o Event monitor
- ABG
- Lab Test
 - o UA
 - o Venipuncture
 - AMA-approved panels
 - Specialty panels
 - Prevention Heart Labs, Inc.
 - GGE
 - NMR
 - Thrombocare
 - Individual test
 - o Skin biopsy
 - o Superficial needle biopsy
 - o Non CV imaging studies w/o IV contrast
 - UGI
 - BAE
 - Long GI follow through

Documentation Based on Time ?)

If counseling and/or coordination of care dominates (>50%) the encounter, time may be used to determine the level of service. Documentation may include: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider

Typical time (minutes) for this level: 30

Cancel

Print

Next >>

AG 3J

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Log In/Logout

Current values:

User

Patient

Encounter

Procedure

Members >> E&M >> Encounter Summary
Encounter data summary ?)

Save Encounter

Patient name: Diifer, Trent

Date: 1/18/2001 11:59 PM

Location of service: GEM Cardiac & Vascular

Physician name: Ackerman, Howard R, M.D.

Chief complaint: hangnail

Service Code: NE3

CPT Service Code: 99203

Diagnosis Code(s):

Status Code: S

Cancel

Print

FIG 3K

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Logout

Current values:

User

Patient

Encounter

Procedure

Encounter record has been updated.

Members >> E&M >> Menu

Select one of the following:

➔ Create New Encounter

➔ Edit Current Encounter

➔ Find Existing Encounter(s)

➔ Back to Main Menu

Cancel

OK

330

FIG 3L

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout Current values: User Patient Encounter Procedure		Members >> Procedure >> Menu Select one of the following:							
		➔ Order New Procedure(s) ➔ Edit Current Procedure ➔ Find Existing Procedure(s) ➔ Back to Main Menu							
		<div style="display: flex; justify-content: space-between;"> Cancel OK </div>							

421
331

FIG 30M

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Members >> Procedure >> Demographics									
Items marked in red are required									
<div> <div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> <div>Patient name:</div> <div>Edison, Thomas Alva</div> <div>Add</div> </div> <div> <div>Date and Time of service:</div> <div> <div>Month</div> <div>Day</div> <div>Year</div> <div>Time</div> </div> <div> <div>Aug</div> <div>20</div> <div>2001</div> <div>9:06</div> </div> <div> <div>AM</div> <div>PM</div> </div> </div> <div> <div>Location of service:</div> <div>GEM Cardiac & Vascular</div> <div>Add</div> </div> <div> <div>Attending physician name:</div> <div>Myers, Gene E, M.D.</div> <div>Add</div> </div> <div> <div>Referring physician name:</div> <div>--select provider--</div> <div>Add</div> </div> <div> <div>Third-party supplier name:</div> <div>--select provider--</div> <div>Add</div> </div> </div>									
<div> <div>Cancel</div> <div>Prev</div> <div>Next</div> </div>									

333

334

FIG 3N

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Members >> Procedure >> Menu									
Select one of the following: ?									
<div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div>									
<div>➔ Non-Invasive Procedures</div> <div>➔ Invasive Procedures</div>									
<div>Cancel</div> <div>OK</div>									

335
425

425
336

FIG 42 30

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Log In/Logout

Current values:

User

Patient

Encounter

Procedure

Members >> Procedure >> NonInvasive >> Menu
Select one of the following: ?)

➔ Cardiac Ultrasound (Echocardiography)

➔ Peripheral Vascular Ultrasound

➔ Pacemaker / AICD

➔ Nuclear Medicine

➔ Stress Testing

➔ ECG / SAECG / Monitoring

➔ Chest X-Ray (CXR)

➔ Enhanced External Counterpulsation (EECP)

Cancel

Prev

338
~~458~~

339

FIG. 40 38

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Members >> Procedure >> Noninvasive >> Echo >> Menu									
Select one of the following:									
<div style="float: right;">?</div> <div style="clear: both;"></div> <ul style="list-style-type: none"> ➔ Transthoracic (TTE) ➔ Transesophageal (TEE) 482 ➔ Stress Echo 342 ➔ Ultrasonic Guidance 									
Cancel					<< Prev				

FIG ~~30~~ 30

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
<div> <div> English </div> <div> Members >> Procedure >> NonInvasive >> Echo >> Transthoracic (TTE) </div> <div> Select procedure(s) </div> </div>									
<div> <div> <div> Current values: </div> <div> User </div> <div> Patient </div> <div> Encounter </div> <div> Procedure </div> </div> <div> <div> Show Packages </div> <div> Create Package </div> <div> Reset Form </div> </div> </div>									
<div> <div> TTE (Non-congenital) </div> <div> Transthoracic echocardiography (TTE), real-time 2D image documentation, with or without M-mode recording </div> <div> <div> <input type="checkbox"/> COMPLETE study </div> <div> <input type="checkbox"/> Followup or limited study </div> </div> <div> <div> 93307 </div> <div> 93308 </div> </div> </div>									
<div> <div> TTE (Congenital) </div> <div> Transthoracic echocardiography (TTE), for congenital cardiac anomalies, real-time 2D image documentation, with or without M-mode recording </div> <div> <div> <input type="checkbox"/> COMPLETE study </div> <div> <input type="checkbox"/> Followup or limited study </div> </div> <div> <div> 93303 </div> <div> 93304 </div> </div> </div>									
<div> <div> Doppler Echocardiography </div> <div> Doppler echocardiography, pulsed wave and/or continuous wave with spectral display </div> <div> <div> <input type="checkbox"/> COMPLETE study </div> <div> <input type="checkbox"/> Limited study </div> <div> <input type="checkbox"/> Add color flow velocity mapping </div> </div> <div> <div> 93320 </div> <div> 93321 </div> <div> 93326 </div> </div> </div>									
<div> <div> Cancel </div> <div> Print </div> <div> Next </div> </div>									

FIG 3R

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
<div> <div> <div>Early Logout</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> <div>Members >> Procedure >> Order Package</div> <div>Select a package</div> <div> <div>Show Order</div> <div>Reset Form</div> </div> <div> <div>Complete 2D Only</div> <div>Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93307 </div> <div>Complete 2D w/ Color Flow</div> <div>Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93307 Doppler echo - Complete 93320 Doppler echo - w/color flow 93325 </div> <div>Complete 2D w/o Color Flow</div> <div>Delete</div> <div> <input checked="" type="radio"/> TTE - Complete 93307 Doppler echo - Complete 93320 </div> <div>Followup/Limited 2D Only</div> <div>Delete</div> <div> <input checked="" type="radio"/> TTE - followup/limited study 93308 </div> <div>Followup/Limited 2D w/a Color Flow</div> <div>Delete</div> <div> <input checked="" type="radio"/> TTE - followup/limited study 93308 Doppler echo - followup/limited 93321 </div> <div> <div>Cancel</div> <div>Print</div> <div>Back</div> </div> </div> </div> </div>									

FIG 35

Main User Patient E/M Procedure Provider Carrier Claims Reports Help	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Logout/Logout </div> <div style="border: 1px solid black; padding: 5px;"> <p>Current values:</p> <p style="text-align: center;">User</p> <hr/> <p style="text-align: center;">Patient</p> <hr/> <p style="text-align: center;">Encounter</p> <hr/> <p style="text-align: center;">Procedure</p> <hr/> </div> <div style="margin-top: 20px;"> <p style="font-size: 2em; margin: 0;">423</p> <p style="font-size: 2em; margin: 0;">353</p> </div>
	<p>Members >> Procedure >> Diagnosis Groups</p> <p>Select diagnosis group:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Show All Groups Show Medical Groups Expand All Collapse All </div> <ul style="list-style-type: none"> <input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card.and Vasc. Surg.:Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup

FIG ~~2~~ 3T

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
<div style="display: flex;"> <div style="flex: 1;"> <p>Log In/Logout</p> <p>Current values:</p> <p>User</p> <hr/> <p>Patient</p> <hr/> <p>Encounter</p> <hr/> <p>Procedure</p> <hr/> </div> <div style="flex: 2;"> <p>Members >> Procedure >> Diagnosis Groups</p> <p>Select diagnosis group:</p> <hr/> <p>Show All Groups Show Medicine Groups Expand All Collar</p> <hr/> <ul style="list-style-type: none"> └ Pericardial Disease <ul style="list-style-type: none"> └ Pericardial Signs & Sx └ Acute Pericarditis & Effusion <ul style="list-style-type: none"> └ Infective <ul style="list-style-type: none"> <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Parasitic <input type="checkbox"/> Fungal <input type="checkbox"/> Rickettsial └ Non-infective <ul style="list-style-type: none"> <input type="checkbox"/> Idiopathic <input type="checkbox"/> Drug induced <input type="checkbox"/> Systemic diseases <input type="checkbox"/> Collagen diseases └ Chronic pericardial disease └ Pus, blood, and air in pericardium └ Tamponade └ Cysts, diverticulae, fistulas/foramen, congenital disease └ Trauma <ul style="list-style-type: none"> <input type="checkbox"/> Blunt trauma <input type="checkbox"/> Penetrating trauma └ Procedure-related </div> </div>									
Cancel					OK				

Fig 48 3U

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																									
Members >> Procedure >> Diagnosis Codes																																																																		
Select diagnosis code(s) (?)																																																																		
<div> <div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> <div>Show All Codes</div> <div>Show Medicare Codes</div> <div>Reset Form</div> </div> </div>																																																																		
Bacterial (?) <table border="0"> <tbody> <tr><td><input type="radio"/> septic</td><td>420.99</td><td></td></tr> <tr><td><input checked="" type="radio"/> rheumatic</td><td>391.0</td><td></td></tr> <tr><td><input type="radio"/> gonococcal</td><td>098.83</td><td></td></tr> <tr><td><input type="radio"/> meningococcal</td><td>038.41</td><td></td></tr> <tr><td><input type="radio"/> syphilitic</td><td>093.81</td><td></td></tr> <tr><td><input type="radio"/> tularemia</td><td>420.0, 021.9</td><td></td></tr> <tr><td><input type="radio"/> pneumococcal</td><td>420.99</td><td></td></tr> <tr><td><input type="radio"/> staphylococcal</td><td>420.99</td><td></td></tr> <tr><td><input type="radio"/> streptococcal</td><td>420.99</td><td></td></tr> <tr><td><input type="radio"/> hemophilus influenzae</td><td>420.0, 041.5</td><td></td></tr> <tr><td><input type="radio"/> psittacosis</td><td>420.0, 073.7</td><td></td></tr> <tr><td><input type="radio"/> salmonella</td><td>420.0, 003.84</td><td></td></tr> <tr><td><input type="radio"/> TBC</td><td>420.0, 017.9</td><td></td></tr> <tr><td><input type="radio"/> leptospiral</td><td>420.0, 100.9</td><td></td></tr> <tr><td><input type="radio"/> pseudomonas</td><td>420.0, 041.7</td><td></td></tr> <tr><td><input type="radio"/> klebsiella</td><td>420.0, 482.0</td><td></td></tr> <tr><td><input type="radio"/> E.Coli</td><td>420.0, 041.4</td><td></td></tr> <tr><td><input type="radio"/> purulent</td><td>420.99</td><td></td></tr> <tr><td><input type="radio"/> suppurative</td><td>420.99</td><td></td></tr> </tbody> </table>										<input type="radio"/> septic	420.99		<input checked="" type="radio"/> rheumatic	391.0		<input type="radio"/> gonococcal	098.83		<input type="radio"/> meningococcal	038.41		<input type="radio"/> syphilitic	093.81		<input type="radio"/> tularemia	420.0, 021.9		<input type="radio"/> pneumococcal	420.99		<input type="radio"/> staphylococcal	420.99		<input type="radio"/> streptococcal	420.99		<input type="radio"/> hemophilus influenzae	420.0, 041.5		<input type="radio"/> psittacosis	420.0, 073.7		<input type="radio"/> salmonella	420.0, 003.84		<input type="radio"/> TBC	420.0, 017.9		<input type="radio"/> leptospiral	420.0, 100.9		<input type="radio"/> pseudomonas	420.0, 041.7		<input type="radio"/> klebsiella	420.0, 482.0		<input type="radio"/> E.Coli	420.0, 041.4		<input type="radio"/> purulent	420.99		<input type="radio"/> suppurative	420.99	
<input type="radio"/> septic	420.99																																																																	
<input checked="" type="radio"/> rheumatic	391.0																																																																	
<input type="radio"/> gonococcal	098.83																																																																	
<input type="radio"/> meningococcal	038.41																																																																	
<input type="radio"/> syphilitic	093.81																																																																	
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<input type="radio"/> staphylococcal	420.99																																																																	
<input type="radio"/> streptococcal	420.99																																																																	
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<input type="radio"/> salmonella	420.0, 003.84																																																																	
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<input type="radio"/> pseudomonas	420.0, 041.7																																																																	
<input type="radio"/> klebsiella	420.0, 482.0																																																																	
<input type="radio"/> E.Coli	420.0, 041.4																																																																	
<input type="radio"/> purulent	420.99																																																																	
<input type="radio"/> suppurative	420.99																																																																	
<div> <div>Cancel</div> <div>Prev</div> <div>Next</div> </div>																																																																		

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FIG 3V

Diagnosis details:

- Acute hemophylus influenza
- pericarditis
 - pericardial effusion
 - pericarditis and pericardial effusion

436 366

Cancel

OK

437 365

367

FIG 203W

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Current values: User Patient Encounter Procedure			ABN required: Procedure 93350 not supported by diagnosis 420.99 Members >> Procedure >> Indications Select indication(s)						
			Indications for Stress Echocardiography						
			<input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pati						
			<input type="checkbox"/> The patient has <ul style="list-style-type: none"> <input type="radio"/> an abnormal standard exercise test and stress echocardiograph <input type="radio"/> a non-diagnostic 						
			<input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pati						
			<input type="checkbox"/> The patient has <ul style="list-style-type: none"> <input type="radio"/> a cardiac condition which would interfere with interpretation of <input type="radio"/> mitral valve prolapse <input type="radio"/> anatomical abnormality 						
			<input type="checkbox"/> The patient has confirmed <ul style="list-style-type: none"> <input type="radio"/> CAD and stress echocardiography is necessary to evalu <input type="radio"/> CHF 						
			<input type="button" value="Cancel"/>						

FIG 3X

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
------	------	---------	-----	-----------	----------	---------	--------	---------	------

Login/Logout
 Current values:

User

Patient

Encounter

Procedure

Members >> Procedure >> ABN

An ABN is REQUIRED for this procedure

Print ABN Form

Patient name: Edison, Thomas Alva

Date: 8/20/2001 9:06

Location of service: GEM Cardiac & Vascular

Physician name: Myers, Gene E, M.D.

Referring physician:

Procedure(s) ordered: 83350 TTE - Stress echo

Diagnosis Code(s): 420.99 acute staphylococcal pericarditis

Indication(s):

Cancel

OK

Next

374

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FIG ~~2a~~ 3Y

Main User Patient E/M Procedure Provider Carrier Claims Reports Help									
Login/Logout		Members >> Procedure >> Order Summary							
Current values:		Procedure order(s) summary ?							
User		Save this order							
Patient		Patient name: Edison, Thomas Alva							
Encounter		Date: 8/20/2001 9:06							
Procedure		Location of service: GEM Cardiac & Vascular							
		Physician name: Myers, Gene E, M.D. 447							
		Referring physician: 377							
		Procedure(s) ordered: 93350 TTE - Stress echo							
		Diagnosis Code(s): 420.99 acute staphylococcal pericarditis							
		Indication(s):							
		Cancel				Prev			

376
446

FIG 40 32

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
<div> <div> <div>Log Out</div> <div>Current values:</div> <div>User</div> <div>Patient</div> <div>Encounter</div> <div>Procedure</div> </div> <div> <div>Procedure order has been saved</div> <div>Members >> Procedure >> Menu</div> <div>Select one of the following:</div> <div> <div>Order New Procedure(s)</div> <div>Edit Current Procedure</div> <div>Find Existing Procedure(s)</div> <div>Back to Main Menu</div> </div> </div> </div>									
<div> <div>Cancel</div> <div>Print</div> </div>									

F16 3AA

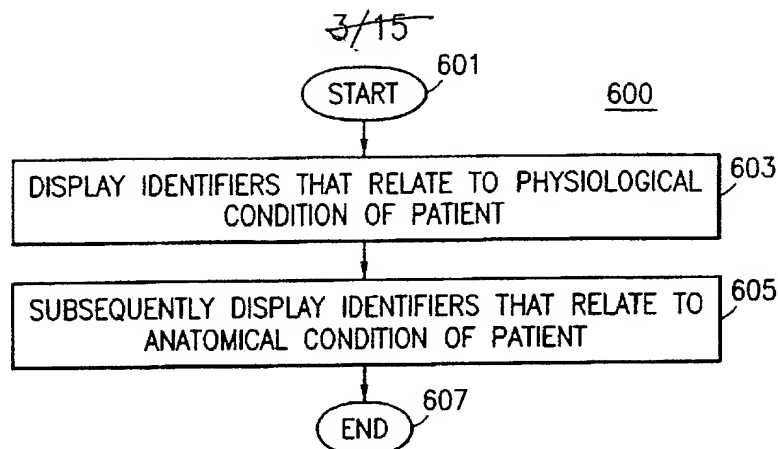


FIG. 6

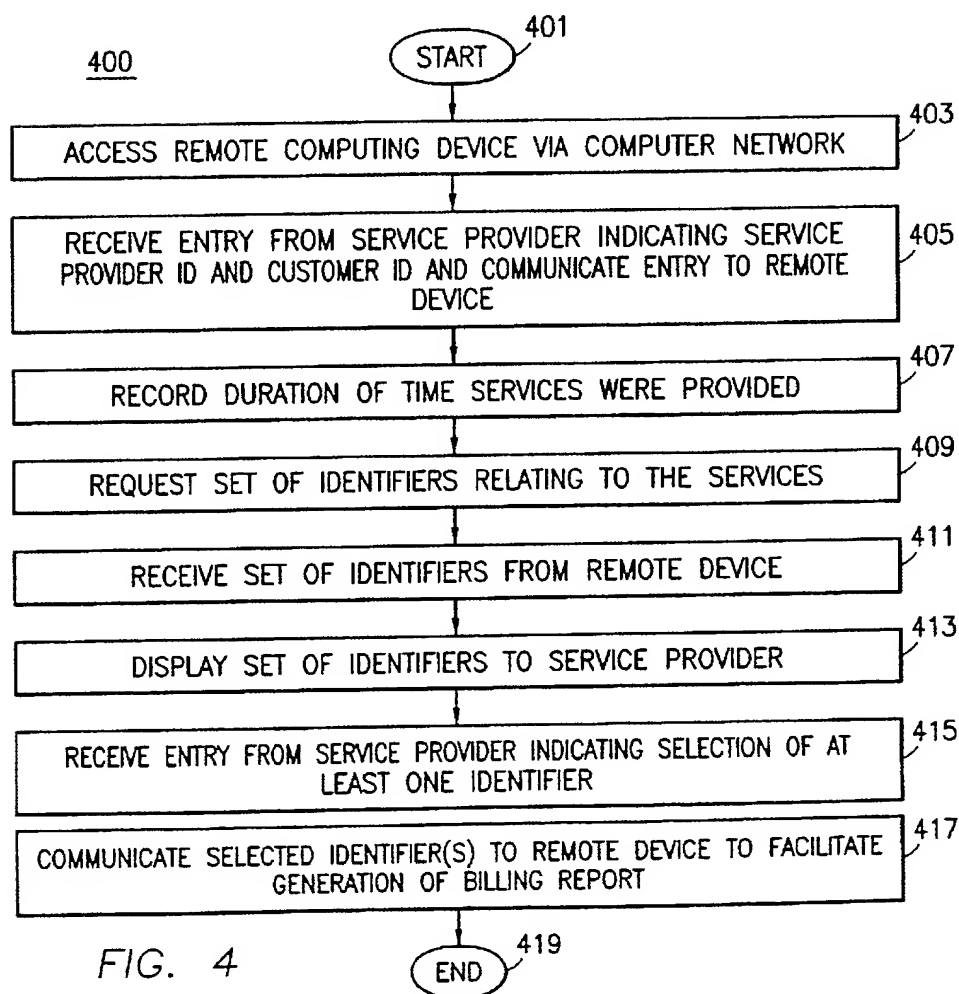


FIG. 4

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7

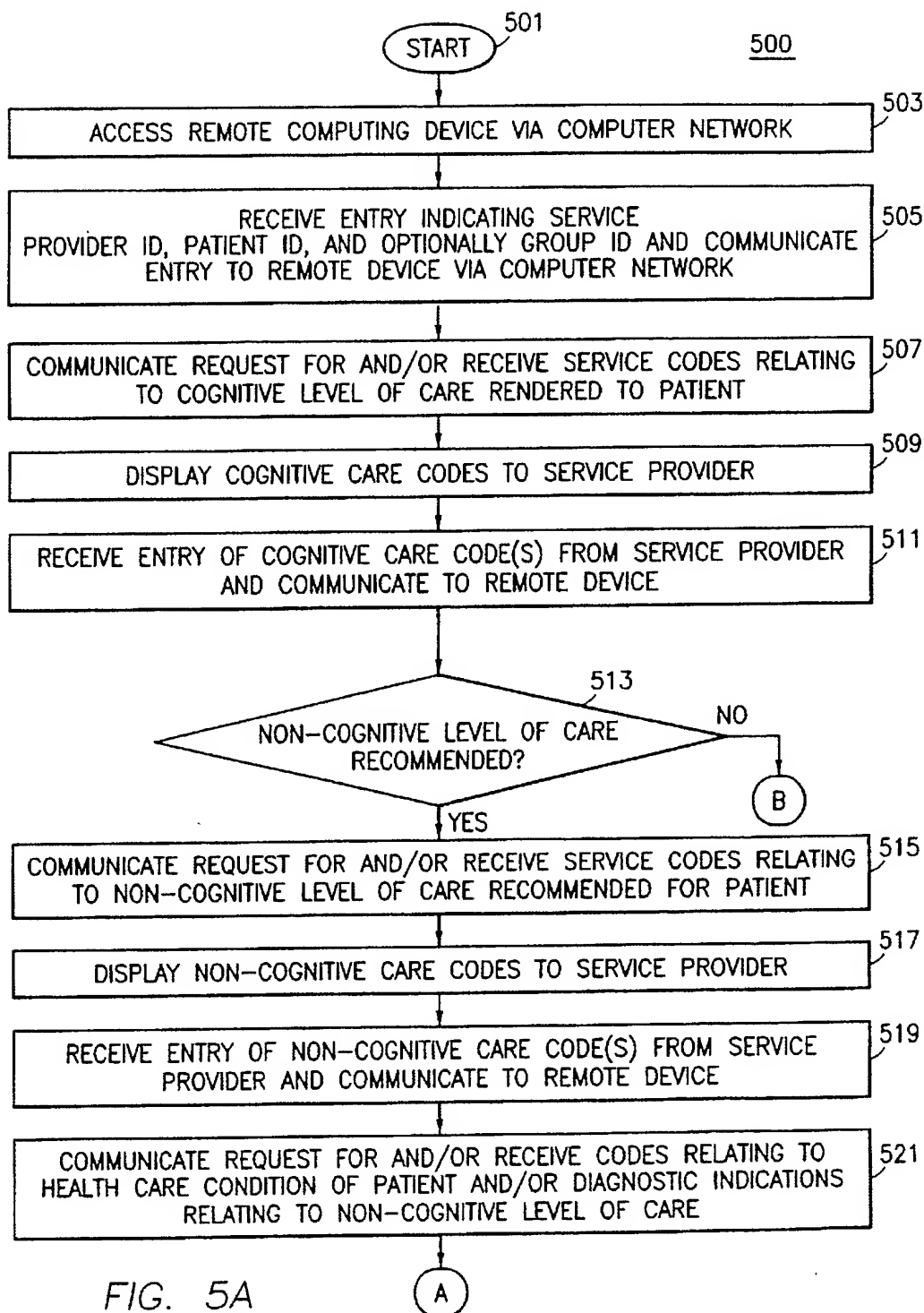
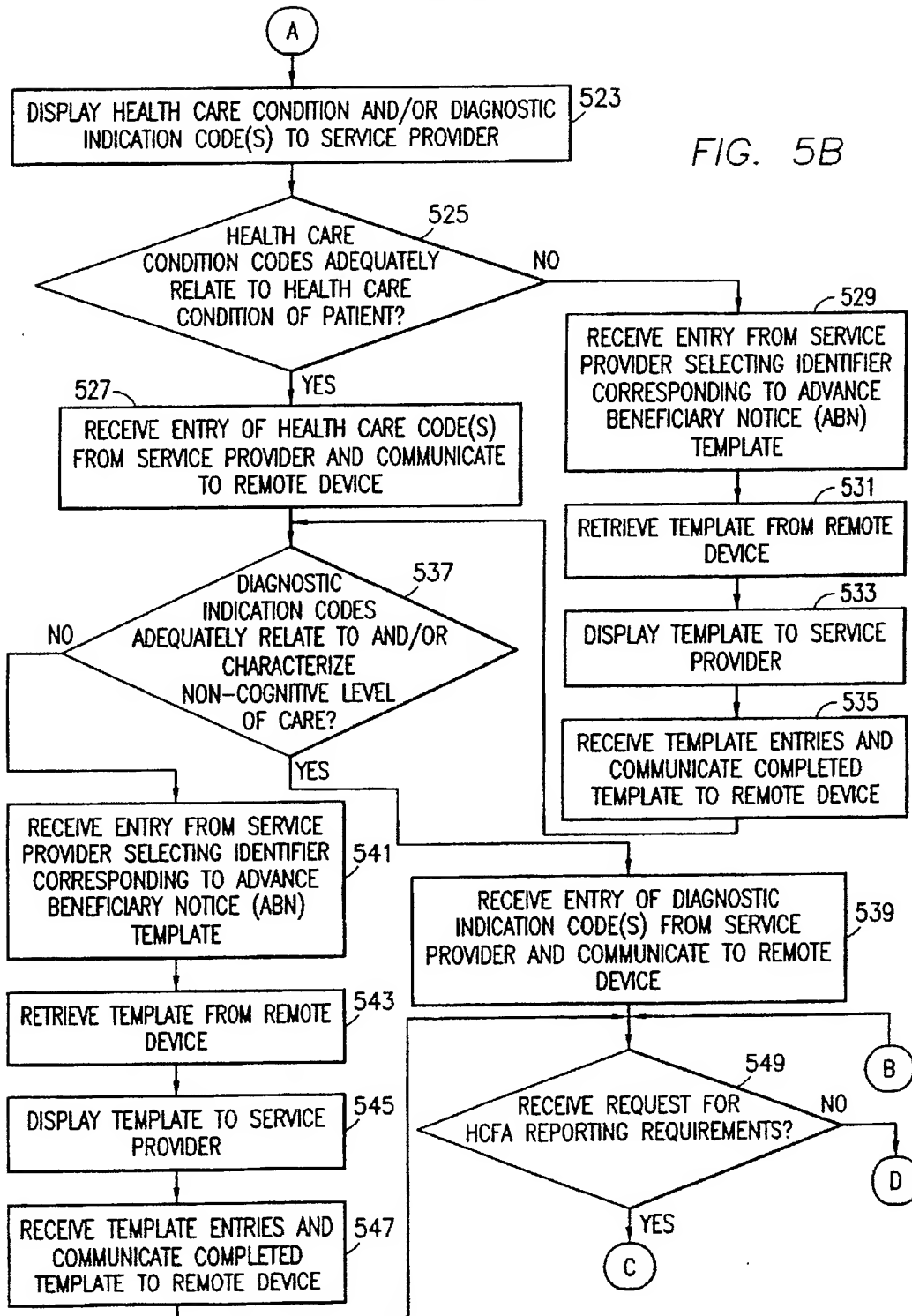


FIG. 5A

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7



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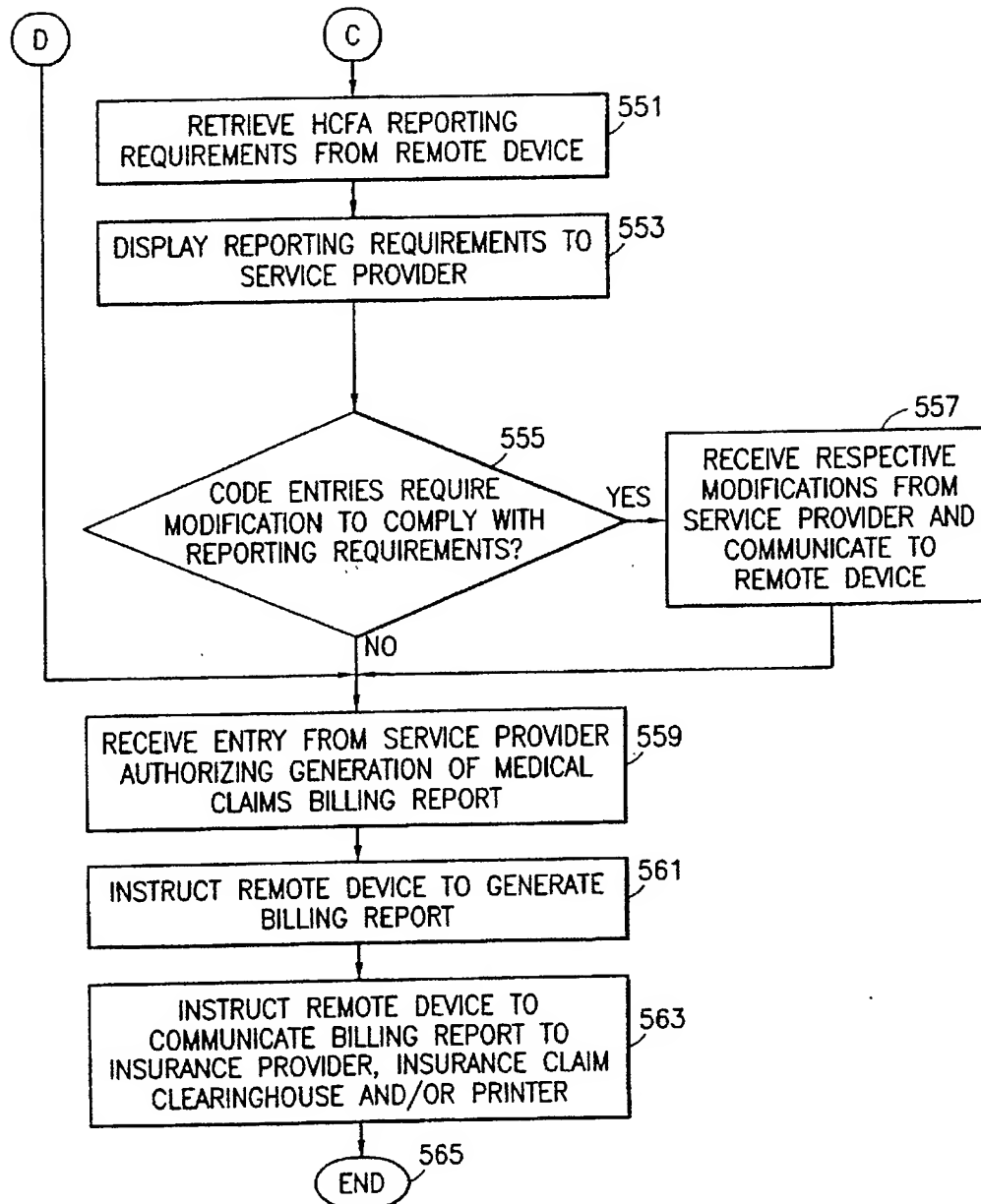


FIG. 5C

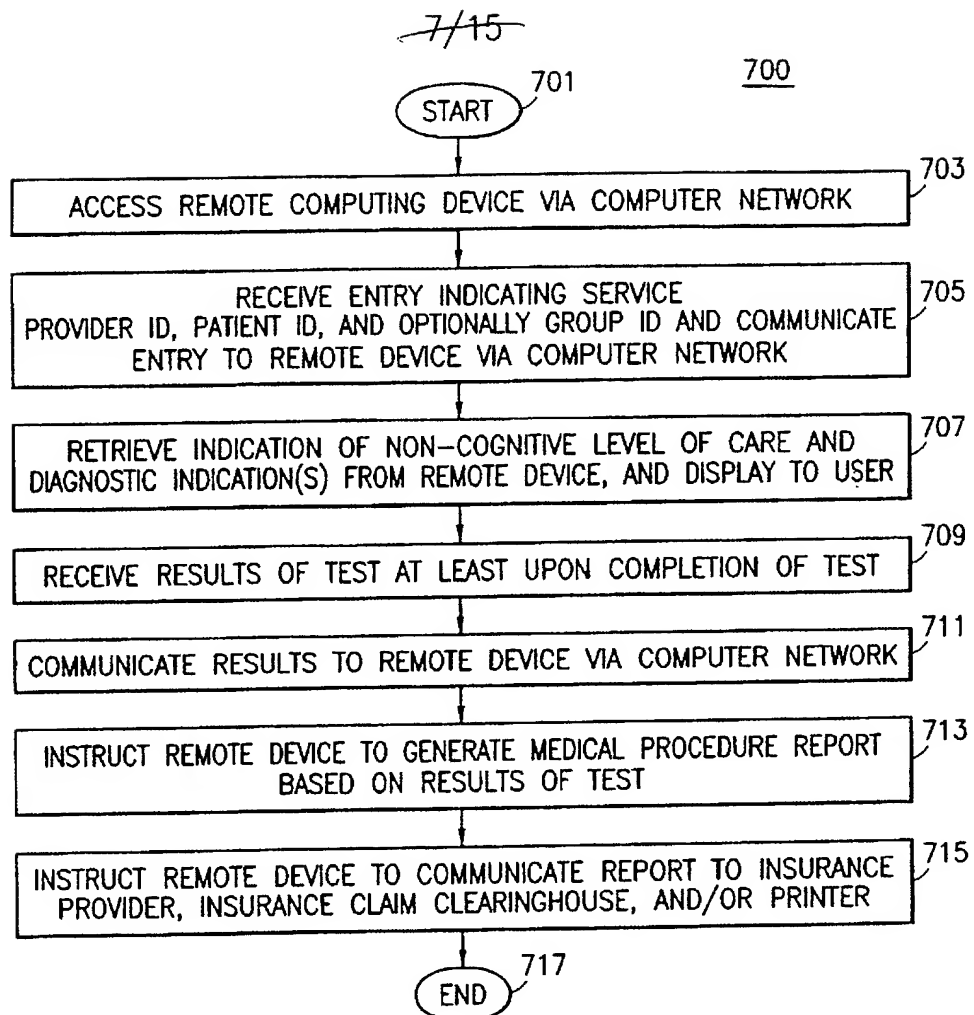


FIG. 7

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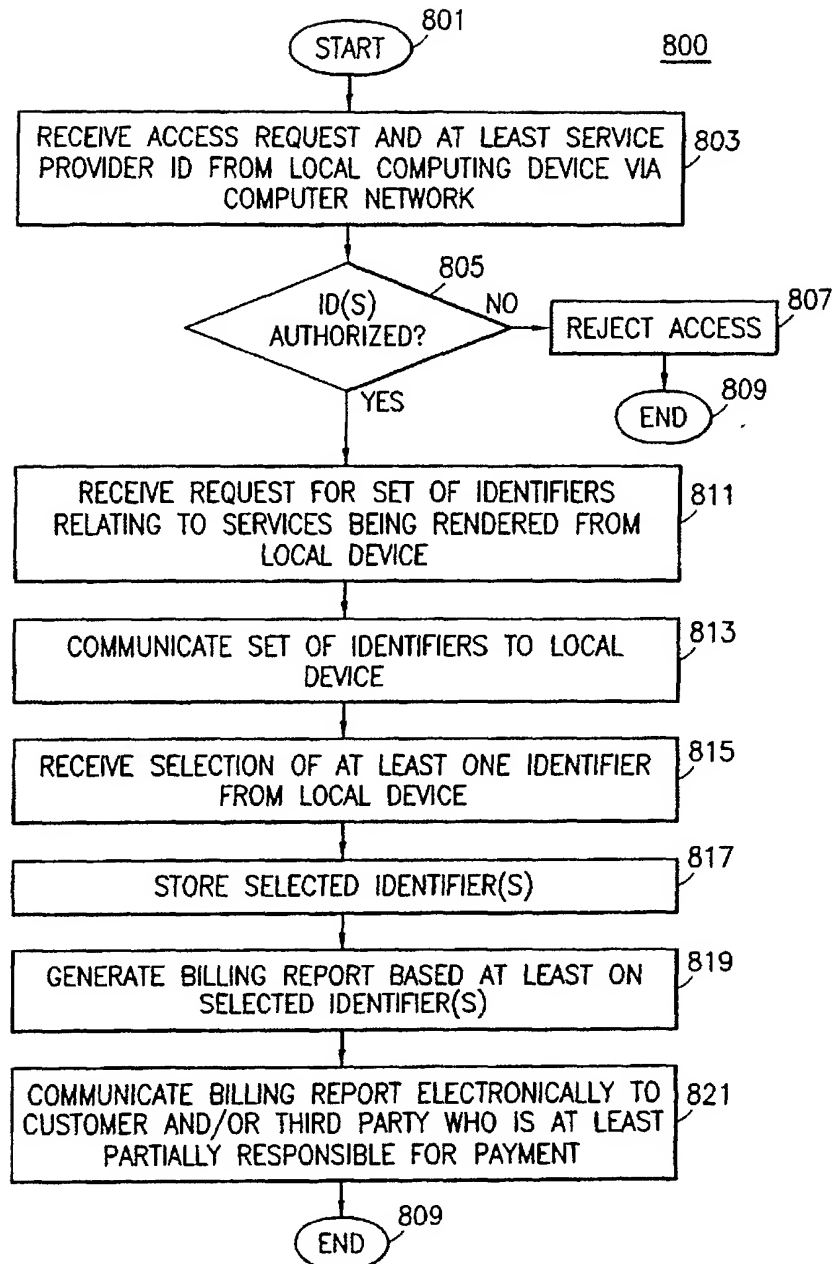
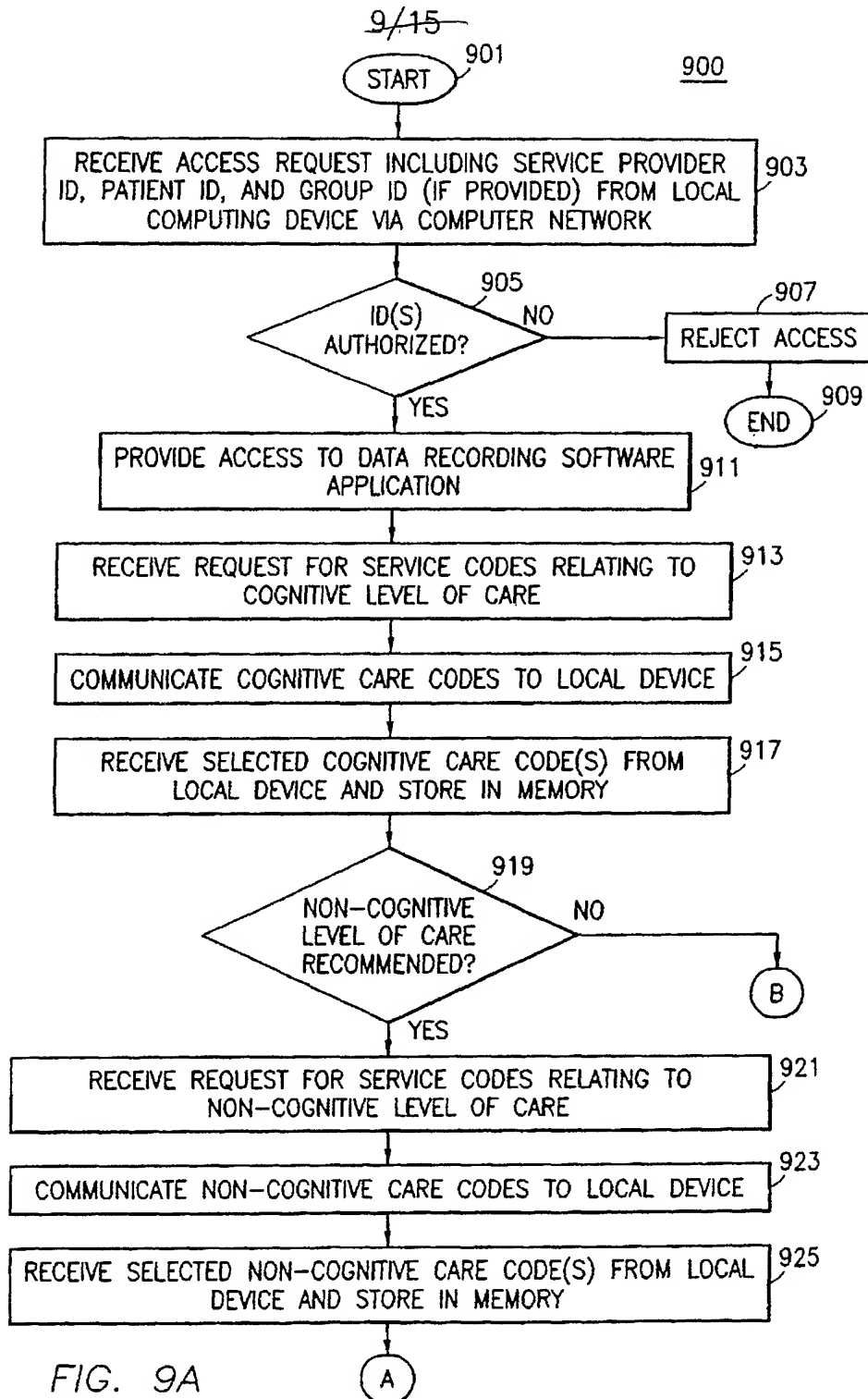


FIG. 8



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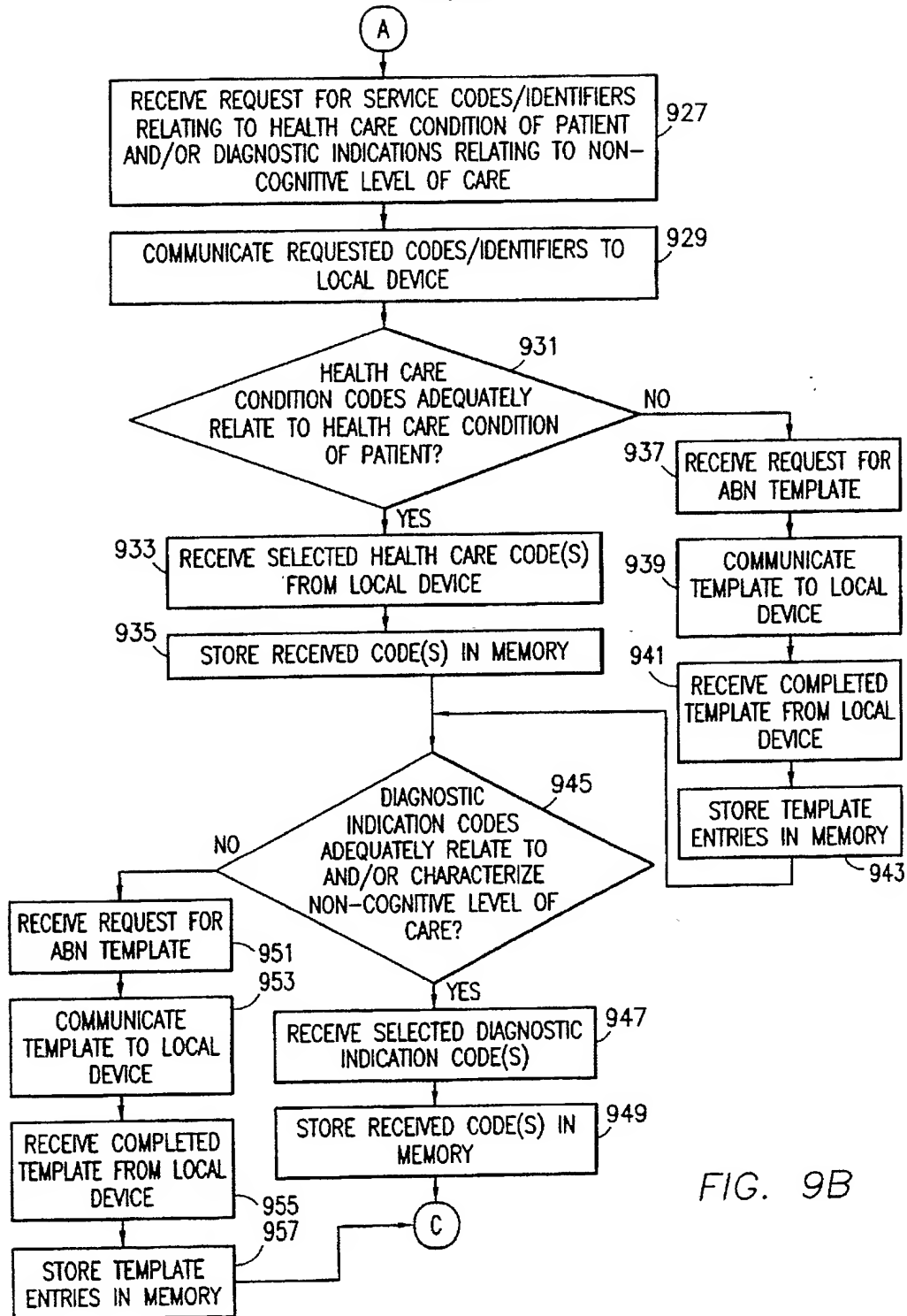
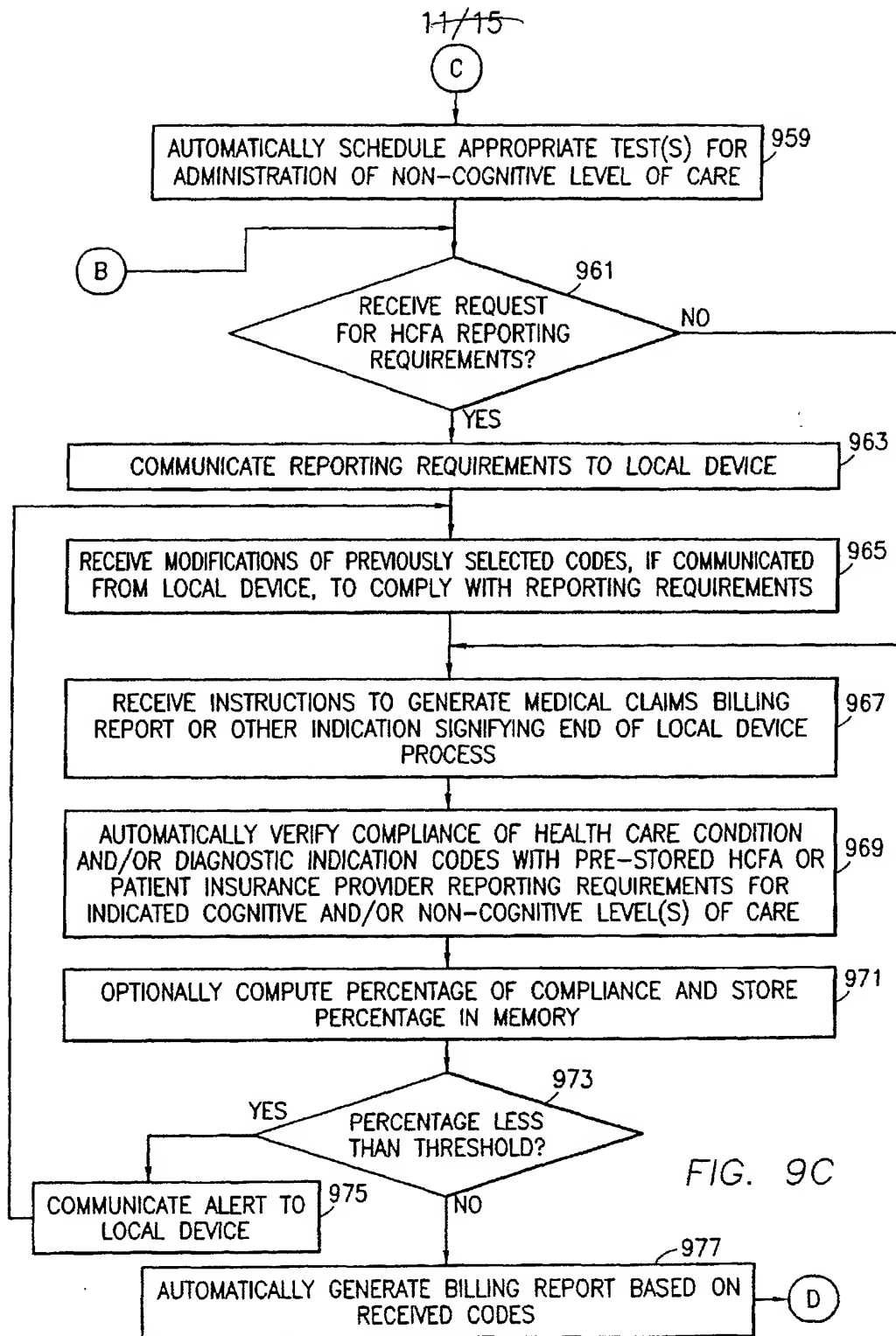


FIG. 9B



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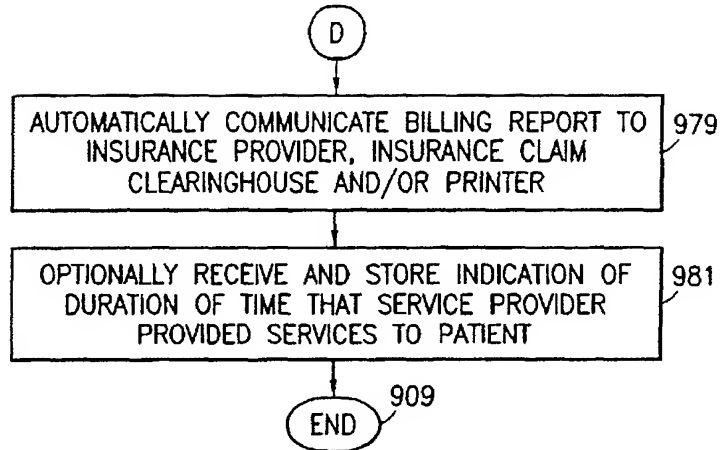


FIG. 9D

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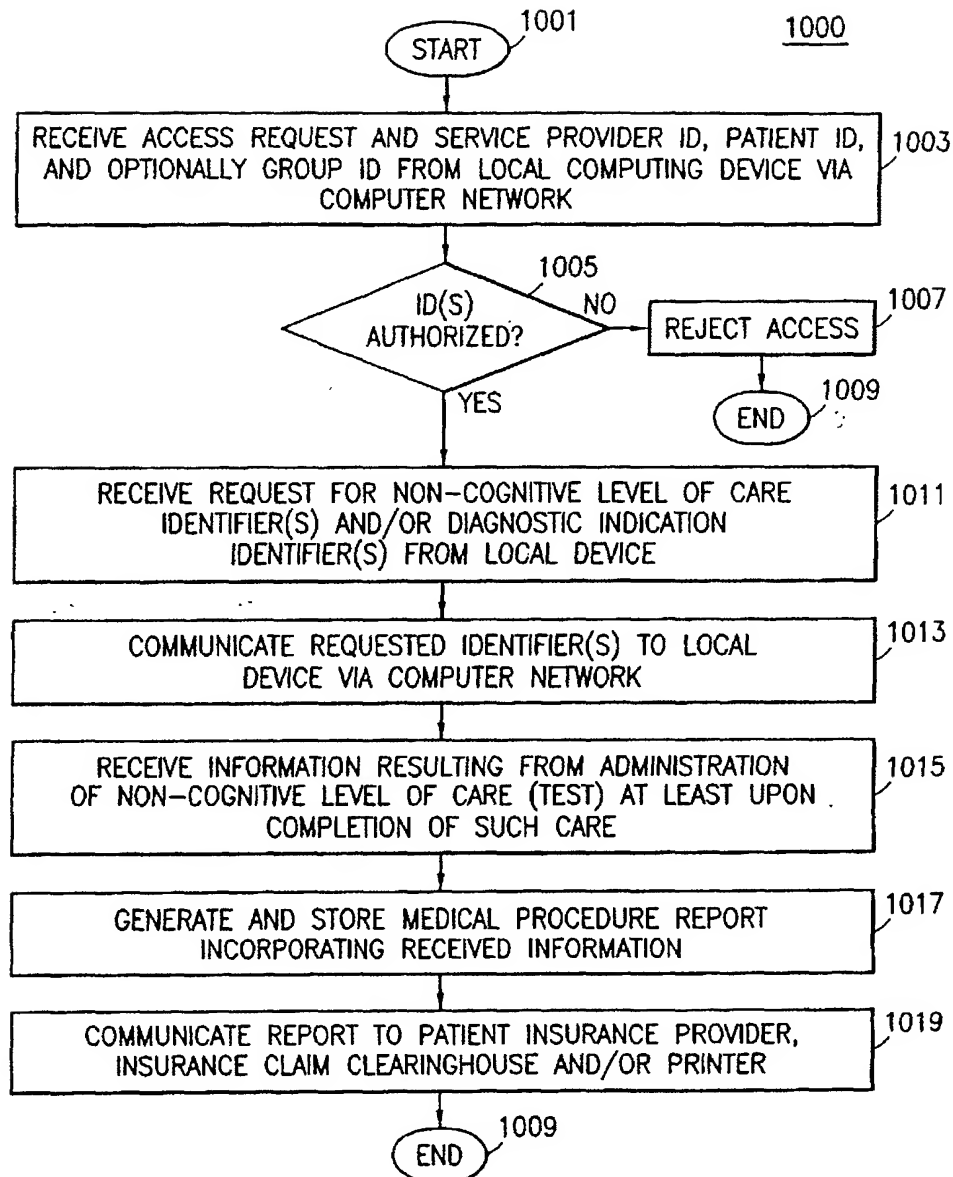


FIG. 10

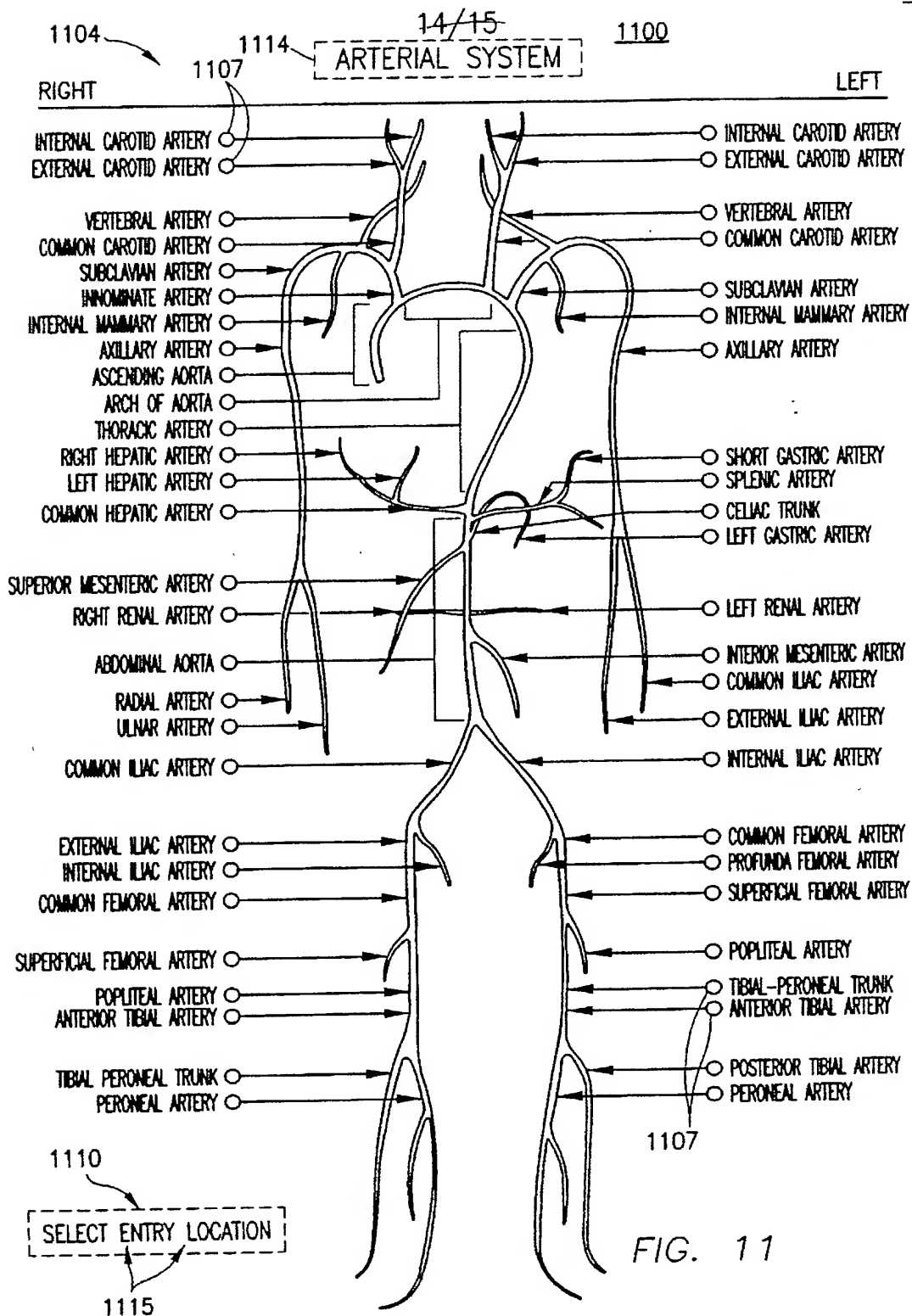


FIG. 11

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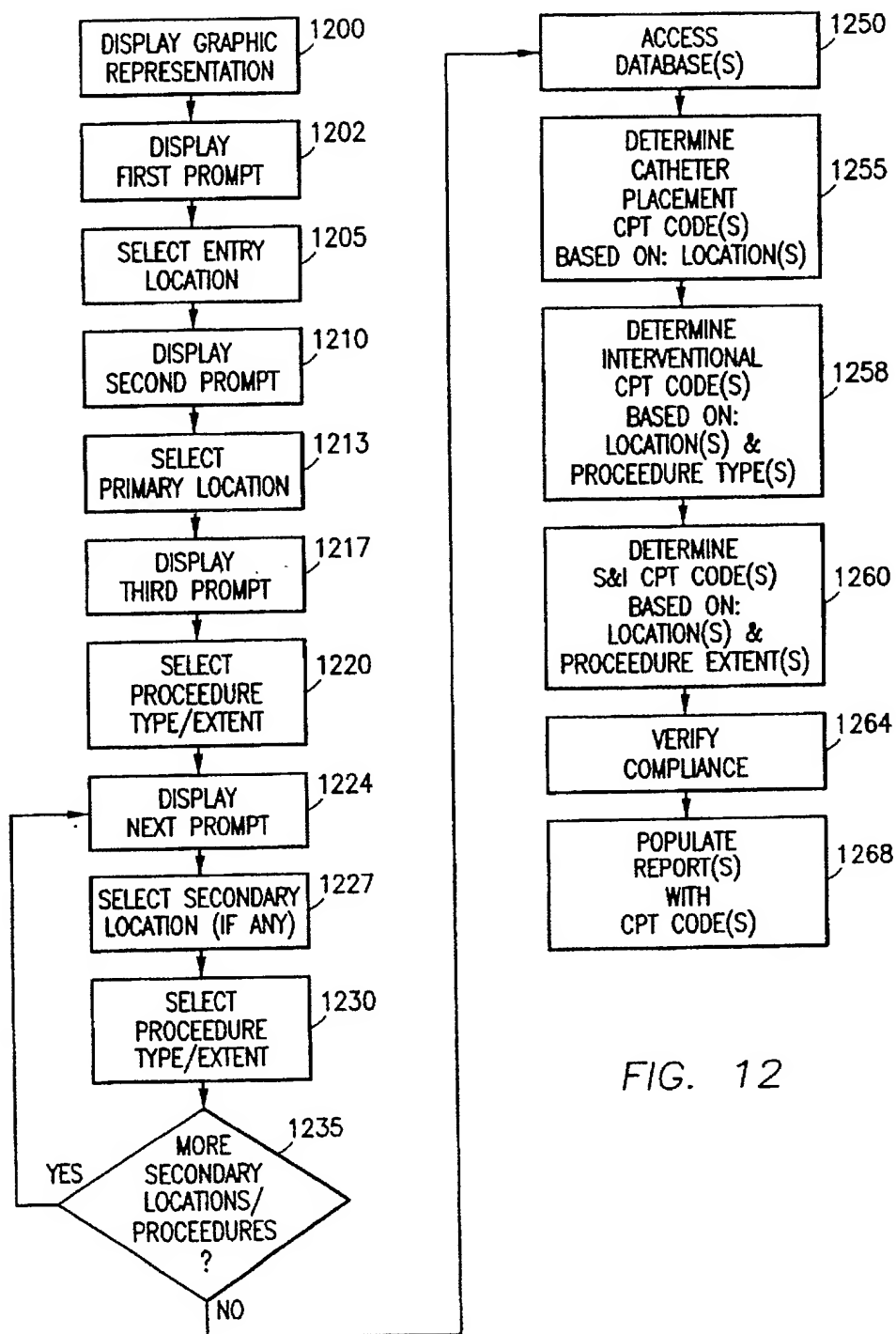


FIG. 12